

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90378 024 ***150.00

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DOCUMENT # M29686

1. Entity Name
THE MULLINS COLLINS NO. 200 CORPORATION



Principal Place of Business
**% BRADLEY C. MULLINS
6800 34TH STREET SO.
ST PETERSBURG FL 33711**

Mailing Address
**% BRADLEY C. MULLINS
6800 34TH STREET SO.
ST PETERSBURG FL 33711**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2661366**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MULLINS, BRADLEY C
6800 SUNSHINE SKYWAY LANE
ST PETERSBURG FL 33711**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	MULLINS, JEROME J.	
STREET ADDRESS	401 N CARROLL ST.	
CITY-ST-ZIP	MADISON WI	
TITLE	DP	<input type="checkbox"/> Delete
NAME	MULLINS, CAROL	
STREET ADDRESS	401 N CARROLL ST.	
CITY-ST-ZIP	MADISON WI	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MULLINS, JEROME J	
STREET ADDRESS	401 N CARROLL ST	
CITY-ST-ZIP	MADISON WI 53703	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carol M. Mullins **REQUIRED** Carol M. Mullins 4/28/03 608-257-0681
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)